

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10796967 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	2					
4	2					
5	2					
6	2					
7	2					
8	2					
9	2					
10	2					
11	2					
12	2					
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	29					
TOTAL CLAIMS	31					

IND	DEP	IND	DEP	IND	DEP
51					
52					
53					
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					